U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under PL 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440

For	Offic	ıal U	Jse (Only	

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12459	2 Fiscal Year Covered From			
10.10/	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name James R Davis	Name U A Plumbers & Fitters Local #114			
	Labor Organization File Number 014 337			
PO Box Bidg Room No If any	P O Box Building and Room Number if any			
Street 1080 Cota Street	Street 93 Thomas Road			
City Santa Ynez	City Buellton			
State California ZIP Code + 4	State California ZIP Code + 4 93427			
5 Position in labor organization Executive Board Member				

(except as specified in the exclusions set forth in the instructions)

Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of onetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	rade name if any) 7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
P O Box Bldg Room No If any				
	7 b Amount.			
Street				
City				
State ZIP Code + 4				

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information.	חנ
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of	of the
undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	

Jame R. D

8/15/2005

805-688 5514

Date

Telephone Number

Name of Person Filing James Davis	<i>y</i> -	File Number U
B Held an interest in or derived income or economic benefit visubstantial part of which consists of buying from selling or lead of an employer whose employees your labor organization rep (2) any part of which consists of buying from or selling or lead dealing with your labor organization or with a trust in which you	ising to or otherwise deali resents or is actively seeking ing directly or indirectly to	ing with the busine s ing to represent or or otherwise
8 Name and address of Business (including trade name if any) Name Apprentice & Journeyman Training Tr Trade Name if any PO Box Bidg Room No if any Street 18931 Laurel Park Road City Compton		ness deals with a Labor Organization b Trust c Employer
State California ZIP Code + 4 9)220	
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any		ature of such dealing entice Instructor
P O Box Bidg Room No If any Street	· · · · · ·	proximate dollar value of such dealing
State ZIP Code + 4	Salar	ature of interest held or income received TY \$10 149 00 Perence Reimbursement \$2 000 00
	12 b Ar	mount \$12
C Received from any employer (other than an employer from any labor relations consultant to an employer any pa	er covered under parts A	A and B above) thing of value
13 a Name and address of Employer or Labor Relations Considered (including trade name if any) Name Trade Name if any	iltant 14 a N	lature of payment
P O Box Bldg Room No If any Street City State ZIP Code + 4		
13 b is the Business an Employer or Consultant	7 14 b A	Amount of payment